

(Mrs. BACHMANN addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

IN HONOR OF THE 2008 DETROIT RED WINGS AND THEIR STANLEY CUP CHAMPIONSHIP

(Mr. CONYERS asked and was given permission to address the House for 1 minute.)

Mr. CONYERS. Madam Speaker, it's with great pride that I rise today to congratulate our Detroit Red Wings on winning this year's National Hockey League championship. It has been 6 long years since the Red Wings have last brought the Stanley Cup back to Hockey Town, which is what we call Detroit in our good seasons, but their hard work and their hard-won victory on defeating the Penguins in six games is the epitome of teamwork at its absolute best. If ever a championship fits the personality of a community, this one does.

This team was about true sportsmanship and selflessness. Every Red Wing could vie for the Most Valuable Player award because each of them played with remarkable fortitude and consistence. Whether Detroit won because of the stepped up play of goalie Chris Osgood, the excellent leadership of the Captain Nicklas Lidstrom (the first European Captain to hoist the Stanley Cup), Henrik Zetterberg's post-season offense led the way (scoring 13 goals in the playoffs), or the tremendous Red Wings bench. They are a true model of what can be achieved with team work: Success.

I am particularly excited that the city of Detroit won this championship at this time. Madam Speaker, during the past few years the Metro Detroit area has lost tens of thousands of manufacturing jobs, some of which will never come back to this great city. The Detroit Red Wings winning this championship has brought back hope and a sense of optimism that Detroit desperately needs. The team's success exemplifies the strength and tenacity both of the Red Wings and of the great citizens of Detroit.

The moral of this championship is that you never now what you can achieve until you try. Go Red Wings.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to rule XXVIII, as a result of the adoption by the House and the Senate of the conference report on Senate Concurrent Resolution 70, House Joint Resolution 92, increasing the statutory limit on the public debt, has been engrossed and is deemed to have passed the House on June 5, 2008.

COVER THE UNINSURED WEEK

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentlewoman from Wisconsin (Ms. BALDWIN) is recognized for 60 minutes as the designee of the majority leader.

Ms. BALDWIN. Madam Speaker, I rise tonight one month after our Nation recognized Cover the Uninsured Week to draw attention to a national crisis, and that is the crisis of the uninsured. This crisis affects all Americans, and so for the fifth straight year, I have reserved this hour to highlight the issue of the uninsured.

Madam Speaker, I believe that all Americans have a right to affordable and comprehensive health care. But unfortunately, according to the Census Bureau, 47 million Americans are without health insurance. Millions more encounter a health care system that is inadequate in meeting their basic medical needs because they are underinsured.

According to a recent Commonwealth Foundation study, there are 16 million Americans who are underinsured, meaning their insurance did not adequately protect them against catastrophic health care expenses. That means that 63 million Americans, or one-in-five Americans, have either no health insurance, have only sporadic coverage, or have health insurance coverage that leaves them exposed to high health care costs.

Additionally, even those with health care coverage are faced with rising health care costs. As our economy continues to falter and the price of food and gas rises, high health care costs are straining more and more family budgets. The lack of affordable comprehensive health care affects every congressional district in the Nation.

To highlight this issue and the real impact that is being—that being uninsured has on the lives of Americans, I have reserved this time to share some of the letters that I have read in my office from constituents who have had difficulty in obtaining and affording comprehensive health care coverage.

Too often here in Congress, we speak of health care issues and the antiseptic jargon of policymakers and lawyers. We talk about Medicare Part D and insurance risk pools, but people across America are hurting. And these letters tell their stories in their own words.

I represent a district in south-central Wisconsin, and while the letters I read may be from Wisconsinites, they speak to the difficulties that people all over America face every day.

I'm going to start with a few letters about the ever-increasing price of health care.

Vickie in Beloit, Wisconsin, writes, "I am a 51-year-old woman, and was recently in the hospital. I have no insurance and my bill was almost \$22,000. I was unconscious when I was taken there by ambulance, so I didn't know they were going to run all of these tests which were going to be the biggest part of my bill. I really have no idea how I'm going to pay this. I inquired about health insurance about 6 months ago, and it was over \$700 a month."

Ross in Wisconsin Dells, Wisconsin, writes to me, "I am 78 years old. My

wife is 82. We have Medicare part A, B, and D and supplemental insurance. There is so much that is not covered that we spend ALL our Social Security on medical costs and stuff that Medicare doesn't cover, like hearing aids and dental bills. If we didn't have some income besides our Social Security, we would both be in a nursing home, but I am not sick."

Michael in Poynette, Wisconsin, writes that "I am a Federal employee and a member of the Wisconsin Air National Guard. This past year we were granted a wage increase of roughly 2.3 percent. At the same time, the cost of our Federal Employee Health Benefit Plan benefit increased by up to 44 percent. Along with this, many of the copays also increased. This has put a tremendous strain on my colleagues in the Wisconsin Air National Guard, many who have been deployed three or more times in support of operations throughout the Middle East region."

Ed in Monroe, Wisconsin, writes, "My wife and I live in the gap. Between our Social Security and the disability policy she had, we get too much money to qualify for help, but not enough to really get by. With the donut hole in Medicare D, we would only be able to get my wife's meds for three months if it were not for samples provided by her doctors. Four out of her 10 meds would take 65 percent of our total income if it were not for the help of that doctor. I live with chronic pain because of a cancer treatment, but as the years go by, it helps less and I have other medical problems that are gradually getting worse. I have a wife and a son that I have to take care of because neither can do it all for themselves. I am the one who battles with Social Security and the insurance companies. I have to deal with problems that arise with their medications, their finances and many day-to-day things. Every time I hear a politician talk about cutting Medicare and other programs for the elderly and disabled, it scares me to death because I am just hanging on by a thread."

Glen in Wisconsin Dells, Wisconsin, writes, "My wife and I are retired and are on Medicare and supplemental insurance with drug coverage through my former employer. Our monthly cost for both is about \$1,050 a month. With next year's increase, it will take my whole monthly pension to pay for our health insurance. It's like an adjustable rate mortgage that only increases."

Sue in Beloit, Wisconsin, writes, "My husband was diagnosed with lung cancer. After treatment began, we found out that the insurance company had a small loophole for the treatment of cancer. Under our insurance, they have a \$13,000 limit per year on radiation and chemotherapy. That amount did not even cover the first treatment of either radiation or chemo. I was not going to have my husband die for lack of treatment, so we started to use our savings and available credit to pay for